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Your Ref: Appln. No.10/775,362 Date: February 7, 2005
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Fax #: 1-703-872-9306 # OF PGS INCL COVER: 4

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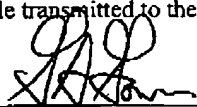
Re: **US Patent Application No. 10/775,362 - Inventor: POHLER, Jerzy**
"Disposable Cryotherapy Device for the Treatment of
Hemorrhoids with Frozen Healing Media"

Includes:

Fax cover Sheet - 1 page
Transmittal Form - 1 page
Revocation of Power of Attorney with New Power of Attorney (1 page)
Certificate of Transmission - 1 page
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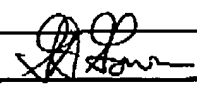
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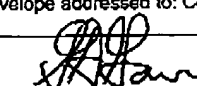
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/775,362
	Filing Date	February 10, 2004
	First Named Inventor	POHLER, Jerzy
	Art Unit	n/a
	Examiner Name	n/a
	Attorney Docket Number	1328-01
Total Number of Pages in This Submission		2

ENCLOSURES (Check all that apply)		
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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/775362
Filing Date	Feb. 10, 2004
First Named Inventor	POHLER, J.
Art Unit	
Examiner Name	
Attorney Docket Number	1328-01

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	POHLER JERZY		
Date	JANUARY 9, 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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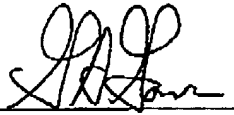
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